

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 25 2016
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 16-0834
Date: 9-28-16
Amount Paid: 100.
Refund: 8-20-16

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: JON R. GOTSCHALK REV TRUST
Address of Property: 35135 CHEQUAMEGON RD.
City/State/Zip: BAYFIELD, WI 54814
Telephone: 715 713 0085
Cell Phone: 712 349-8550

Contractor: CARLE CONSTRUCTION
Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: 712-349-8550
Plumber: N/A
Agent Mailing Address (include City/State/Zip): SAME AS ABOVE
Written Authorization Attached: ☐ Yes ☒ No

PROJECT LOCATION: 1/4, 1/4 Gov't Lot 4, Lot(s) 4, CSM 1871, Vol & Page, Lot(s) No., Block(s) No., Subdivision: BAYSHORE HEIGHTS, Lot Size: 150 X 380, Acreage: 1.36

Section 23, Township SDV N, Range 04 W, Town of: BAYFIELD

Shoreland: ☒ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
Distance Structure is from Shoreline: feet
Distance Structure is from Shoreline: 10 feet
Are Wetlands Present? ☐ Yes ☒ No

Non-Shoreland: (Stairs)

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 5000 ^{est}	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input checked="" type="checkbox"/> STAIRS	<input type="checkbox"/> Foundation	444 Pkts		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None

Existing Structure: (if permit being applied for is relevant to it) Length: Width: Height: Proposed Construction: Length: Width: Height:

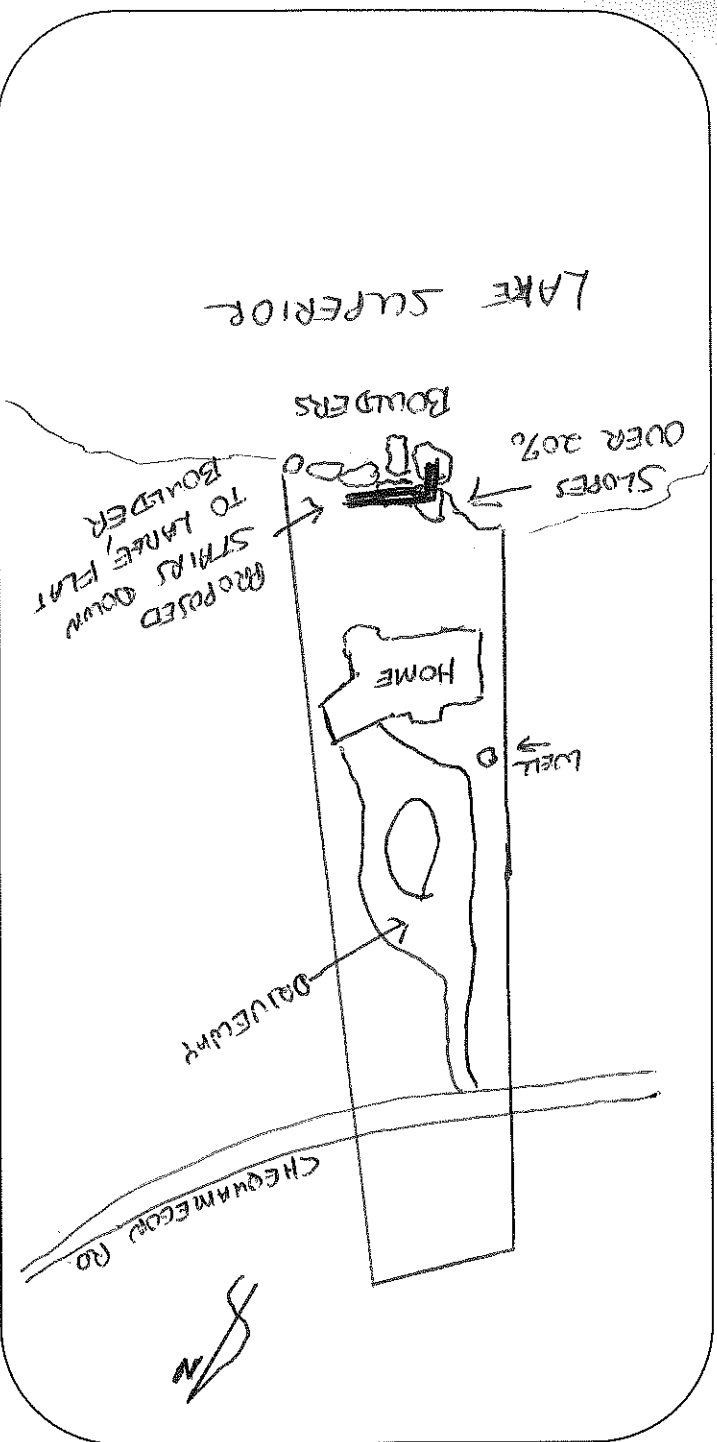
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		(X X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		(X X)	
	with Loft	(X X)	
<input checked="" type="checkbox"/> Residential Use	with a Porch	(X X)	
	with (2 nd) Porch	(X X)	
	with a Deck	(X X)	
	with (2 nd) Deck	(X X)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(X X)	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities	(X X)	
	Mobile Home (manufactured date)	(X X)	
	Addition/Alteration (specify)	(X X)	
<input type="checkbox"/> Accessory Building	(specify)	(X X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		(X X)	
<input type="checkbox"/> Special Use: (explain)		(X X)	
<input type="checkbox"/> Conditional Use: (explain)		(X X)	
<input checked="" type="checkbox"/> Other: (explain)	STAIRS OVER TO WATER	(4' X 35')	140

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JON R GOTSCHALK REV. TRUST
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Jon R Gotschalk, Trustee
Date 8-19-2016
Address to send permit: _____
Date 8-19-2016
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- ☒ (1) Show Location of: Proposed Construction
☒ (2) Show / Indicate: North (N) on Plot Plan
☒ (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
☒ (4) Show: All Existing Structures on your Property
☒ (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
☒ (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
☒ (7) Show any (*): (*) Wetland; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	Feet	Setback from Wetland	Feet
Setback from the South Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>16-0334</u>		Permit Date: <u>9-28-16</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Inspection Record:	needs sub permit to construct portion of driveway that extends beyond other onto boulder line.					Zoning District	<u>residential</u>
Date of Inspection:	<u>9-27-14</u>	Inspected by:	<u>Matthew Murphy</u>			Lakes Classification	<u>(1- Superior)</u>
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)							
WORK PERMIT REQUIRED TO EXTEND LAKE ACCESS STAIRWAY CONSTRUCTION BEYOND OTHER TO BOULDER IN LAKEBED. STAIRWAY SHALL BE CONSTRUCTED USING STEEL AND BEST MANAGEMENT PRACTICES & STAIR DISTURBS AS LITTLE AS POSSIBLE.							
Signature of Inspector:	<u>[Signature]</u>					Date of Approval:	<u>9-28-16</u>
Hold For Sanitary:	<input type="checkbox"/> Hold For TBA:	<input type="checkbox"/> Hold For Affidavit:	<input type="checkbox"/> Hold For Fees:	<input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Stamp (Received)
SEP 14 2016
Bayfield Co. Zoning Dept.

ENTERED Permit #:
16-0335
Amount Paid:
\$9,288.00
Cash 9/14/16
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:		
John + Megan Boyle		34040 Weber Rd.		Bayfield, WI 54814				
Address of Property:		City/State/Zip:		Cell Phone:				
34040 Weber Road		Bayfield, WI 54814		651-329-8474				
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:		
Duluth Economy Garage		218-729-5166						
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (Include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-4862		Recorded Document: (i.e. Property Ownership) Volume 1152 Page(s) 139		
SW 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		
Section 22, Township SC N, Range 4 W		Town of:		Lot Size		Acreage		
Bayfield						11.67		
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: _____ feet		Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$20,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: holding	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 24	Height: 15
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	with Loft	(X)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	with a Porch	(X)	
Rec'd for Insurance	<input type="checkbox"/>	with (2nd) Porch	(X)	
with a Deck	<input type="checkbox"/>	with (2nd) Deck	(X)	
Commercial Use	<input type="checkbox"/>	with Attached Garage	(X)	
Secretarial Staff	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
Mobile Home (manufactured date)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		(X)	
Accessory Building (specify)	<input checked="" type="checkbox"/>	3 car garage	(24 x 32)	768
Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		(X)	
Special Use: (explain)	<input type="checkbox"/>		(X)	
Conditional Use: (explain)	<input type="checkbox"/>		(X)	
Other: (explain)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Megan Boyle Date 9/14/16
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	1,116.0 Feet	Setback from the Lake (ordinary high-water mark)	
Setback from the Established Right-of-Way	1,127 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	115 Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	1,127 Feet	Setback from Wetland	
Setback from the West Lot Line	425 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	267 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank		Setback to Well	53 Feet
Setback to Drain Field	58 Feet		
Setback to Privy (Portable, Composting)			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>16-0335</u>		Permit Date: <u>9-28-16</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: <u>owner present to represent project.</u>		Zoning District	Date of Re-Inspection:			
Date of Inspection: <u>9-27-16</u>		<u>RA-1</u>	<u>9-28-16</u>			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification	<u>N/A</u>			
<u>Building shall not be used for human habitation for sleeping purposes & shall not have interior plumbing fixtures connected to pressurized water source.</u>						
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>9-28-16</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

